CSV RECORD LAYOUT FOR AMBULATORY SURGERY CENTER FEE SCHEDULE

Field #	Column Title	Title Explanation	Indicator	Indicator Description
1	CPT® CODE/ HCPCS CODE			2003 CPT® or HCPCS code
2	ABBREVIATED DESCRIPTION			Descriptions are abbreviated and are for reference purposes only. For complete descriptions, refer to a 2002 CPT® or HCPCS code book.
3	PAYMENT GROUP	L&I's ASC Payment Group	Number (1-14)	Indicates L&I's ASC payment group for the procedure code.
4	RATE	L&I's ASC Payment Rate	Dollar value or payment method	Indicates the maximum allowable fee or other payment method.
			Dollar value	Maximum allowable fee.
			AC	Paid at acquisition cost.
			BR	Paid by report.
			BR, UR	Paid by report, UR authorization required.
			Bundled	Payment included in facility payment.
			NC	Not Covered
5	WHAT CHANGED			Listing of the changes made to the particular code entry
6	DATE CHANGED			The date that the change was made to the entry.